

Spencer County Health Department

200 Main Street
Rockport, IN 47635
Telephone: 812-649-4441
1-800-975-8813
Fax: 812-649-6047

Kim Stallings
Food Health Inspector

Application for Mobile Food Unit License 20 __

Mobile Unit Name: _____

Name of Owner (s): _____

Address of Owner:
Street: _____
City/State/Zip: _____

Phone Number of Owner: (____) _____

Fax #: _____

Certified Food Handler: _____ Date Of Certification: _____

Certified Food Handler: _____ Date of Certification: _____

Food Handler Course taken: _____

List **all Fairs & Festivals** that you plan to attend in Spencer County

Menu

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of Application: _____

Signature of Applicant: _____

FEE: \$50.00

After July 1st Fee: \$25.00

Application and fee must be submitted *two weeks prior* to the event.

NOTE: If the license is to be *returned by mail*, **PLEASE ENCLOSE A STAMPED, SELF ADDRESSED ENVELOPE** along with your check for **the correct amount** made payable to the **SPENCER COUNTY HEALTH DEPARTMENT**.